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DATE: November 14, 2006  
TO: EXAMINER: Robert W. Morgan FAX NO.: 571-273-8300  
GAU: 3626  
FROM: John R. Schell  
Reg. No. 50,776

U.S. APP NO.: 09/440,557

FILING DATE: November 15, 1999

APPLICANT(S): Randolph B. Lipscher

ATTY DKT NO.: 1039-0010

TITLE: ELECTRONIC HEALTHCARE INFORMATION AND DELIVERY  
MANAGEMENT SYSTEM

NO. OF PAGES (INCL. COVER SHEET): 2

Attached please find:

☒ Notice of Appeal (1 pg)**CONFIDENTIALITY NOTE**

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PTO/SB/31 (04-05)

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Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.  The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ _____  <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____ <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-3797</u> . I have enclosed a duplicate copy of this sheet. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.  <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>  I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98) <input checked="" type="checkbox"/> attorney or agent of record. <u>50,776</u> Registration number _____ <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
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